UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1996/P/L.57
7 February 1996

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Executive Board
Second regular session 1996
9-12 April 1996
Item 3 (d) of the provisional agenda*

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION**

Georgia

SUMMARY

The present document contains a recommendation for funding the country programme of Georgia which has an annual planning level of $1,000,000 or less. The Executive Director recommends that the Executive Board approve the amount of $4,850,000 from general resources, subject to the availability of funds, and $6,650,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1996 to 2000.

* E/ICEF/1996/9.

** In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1995, will be contained in the "Summary of 1996 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.43 and Add.1).

/...

BASIC DATA
(1994 unless otherwise stated)

Child population (millions, 0-15 years)	1.4
U5MR (per 1,000 live births)	27
IMR (per 1,000 live births)	23
Underweight (% moderate and severe)	..
Maternal mortality rate (per 100,000 live births) (1990-1993)	39
Literacy (% male/female) (1989)	99/98
Primary school enrolment (% net, male/female)	../..
Primary school children reaching grade 5 (%)	..
Access to safe water (%)	..
Access to health services (%)	..
GNP per capita (1993)	$580
One-year-olds fully immunized against:	
tuberculosis:	67 per cent
diphtheria/pertussis/tetanus:	58 per cent
measles:	16 per cent
poliomyelitis:	69 per cent
Pregnant women immunized against:	
tetanus:	..

THE SITUATION OF CHILDREN AND WOMEN

1. The image of Georgia as one of the wealthiest republics of the former Soviet Union, with one of the best educated populations, stands in stark contrast to the present divided country where the vast majority of people live at, or below, the poverty line. Between 1990 and 1994, three separate armed conflicts erupted, displacing populations, damaging the infrastructure, disrupting supply routes and paralysing economic activity.

2. The most serious conflict occurred in 1993 in Abkhazia, where fighting provoked the flight of 150,000 ethnic Georgians, who joined 100,000 people displaced by earlier hostilities. Also in 1993, an armed insurrection flared briefly in Mingrelia in western Georgia. In South Ossetia, which saw clashes in 1991, the situation has stabilized.

3. Following a determined effort by the Government, there were marked improvements in the security situation in most parts of Georgia in 1995. A new Constitution, which strengthened the role of the President, was approved by the Parliament in August 1995. In November 1995, the President was re-elected for another four-year term.

4. Of all the former Soviet republics, Georgia's economic collapse has been one of the most dramatic. Industrial output in 1995 was 70 per cent below the 1991 level. The country's interim currency, the coupon, which was introduced in 1993, lost almost 300,000 per cent of its nominal value before stabilizing at the end of 1994, with assistance from the International Monetary Fund. Salaries, which could not keep up with this hyperinflation, became merely symbolic. Social security benefits were similarly affected. At the beginning

of 1995, the domestic supply of natural gas, imported from Turkmenistan, was cut off because of the Government's inability to pay its debt. As a result of those factors, extreme hardship and a catastrophic decline affect the vast majority of the population.

5. In September 1995, the Government estimated that over 30 per cent of the workforce was unemployed and that 60 per cent of the working population were underemployed. Those employed were mostly in government posts, earning the equivalent of $2-$5 per month, compared with a cost of $94 for a basic commodity basket for a family of four. Many families were said to be living almost entirely on subsidized bread. In September 1995, a new national currency, the lari, was introduced, breeding optimism that a new era of monetary stability could begin. However, recovery will be a slow and painful process for the vast majority of families.

6. The impact of the crisis on social services has been no less extreme. Most health facilities are large and inefficient, with inadequate utilities and poor electricity and water supplies. Few have adequate heating, representing a serious hazard to patients and newborns during the winter. Medical equipment is outdated, missing or in disrepair. Between 1991 and 1993, the supply of medicines, vaccines and ancillary equipment from the Russian Federation was totally disrupted, and in many cases coverage rates for routine immunization plummeted to below 30 per cent. In mid-1995, the World Health Organization (WHO) estimated that over 70 per cent of the medicines available in Georgia were provided through humanitarian aid. Cold-chain equipment was provided through the United States Agency for International Development (USAID), and vaccines, syringes and needles were supplied by international non-governmental organizations (NGOs) and UNICEF. A diphtheria outbreak in 1993 went largely uncontrolled until 1995, and problems related to the maintenance of the cold chain still remain.

7. Public sanitation and hygiene standards have generally declined, increasing the incidence of bacterial, viral and fungal infections. The quality and quantity of domestic water supplies also have been adversely affected, leading to reported increases in food poisoning and diarrhoeal diseases and a significant increase in the incidence of hepatitis.

8. The education sector, which once provided free kindergarten, primary, secondary and tertiary services, also has suffered. In 1994 alone, 25 per cent of the remaining kindergartens closed. Some primary and secondary schools have been damaged and furniture looted; others have had to be used to shelter internally displaced persons. Heating systems no longer function, leading to the suspension of classes in the winter. The pervasive lack of government funds has meant that there are no supplies of textbooks, chalk, exercise books, pens and pencils. Many of those basic school supplies were provided by UNICEF for primary school children in 1995. However, for older students, such supplies must now be paid for, placing them out of reach of many families and threatening the emergence of an equitable education system.

9. An estimated 1.3 million people, almost 25 per cent of the population, are classified as vulnerable. However, others estimate that 90 per cent of the population live in poverty. These include approximately 300,000 displaced persons for whom international humanitarian assistance remains a lifeline. Additionally, there are at least 10,500 children under the age of 16 years who live in institutions which depend almost entirely on international aid.

10. The infant mortality rate (IMR), which had declined from 35.3 per 1,000 live births in 1960 to 15.1 in 1990, rose to 23 per 1,000 live births in 1994. Forty per cent of all infant deaths occur in the first seven days after birth,

and an estimated four fifths of these occur in the first three days of life. Other leading causes of infant death are acute respiratory infections (ARI) and diarrhoeal diseases. The maternal mortality rate (MMR) for the period 1990 to 1993 was estimated by the Government at 39 per 100,000 live births, nearly three times higher than the WHO regional target. The major causes are haemorrage (38 per cent), causes related to obstetric care (29 per cent), abortion (14 per cent), sepsis (9 per cent) and toxaemia (3 per cent).

11. The public's willingness and ability to pay for health care was the subject of a 1995 demand and expenditure survey financed by UNICEF. The study found that the majority of the population are already paying and are willing to continue to do so provided improved treatment and medicines are made available at a reasonable cost. Over 53 per cent of the sample were unable to start treatment, or to continue treatment they had begun, because of high costs, but only 6.3 per cent expected assistance from the Government. The respondents lacked information on the health care reform process and were confused about levels of fees for different services.

12. The Convention on the Rights of the Child was ratified by accession in June 1994 and the Government is due to submit its first report to the Committee on the Rights of the Child in July 1996.

PROGRAMME COOPERATION, 1994-1995

13. In May 1994, the Executive Board approved a programme of cooperation for Georgia for the period 1994-1995, with an allocation of $2 million from general resources and $2 million in supplementary funds (E/ICEF/1994/P/L.28).

14. One half of the general resources were allocated to emergency health interventions. However, due to a gradual stabilization of the security and economic situations during 1995, UNICEF was able to support a variety of longer-term development and protection activities in Georgia and to support reform programmes of the health and education ministries.

15. Working closely with the Ministry of Health and the Médecins sans frontières (MSF) (Doctors Without Borders) family of NGOs, UNICEF helped to re-establish the expanded programme on immunization (EPI) through the provision of vaccines, equipment, training and technical assistance. UNICEF was also closely associated with both the regional polio eradication campaign, which achieved coverage of 95 per cent owing to strong financial support from Rotary International, and the regional diphtheria control programme, financed largely by USAID and the European Union, which aims to immunize 90 per cent of the population between 3 and 60 years of age by April 1996.

16. The promotion of breast-feeding and training in lactation management involved the National Breast-feeding Committee and Wellstart International, which also launched activities related to the Baby-Friendly Hospital Initiative in five major maternities. The President signed a decree providing a legal framework for the control of marketing of breast-milk substitutes.

17. For the control of diarrhoeal diseases (CDD) and ARI, UNICEF cooperated with WHO and the International Federation of Red Cross and Red Crescent Societies on a "training of trainers" programme for over 150 doctors. UNICEF also promoted the iodization of salt, all of which is imported, to help combat the high level of iodine deficiency disorders (IDD).

18. Support was provided for the translation, adaptation and printing of 50,000 copies of Facts for Life for primary and secondary school teachers, including sections on environmental protection and child rights.

19. Following a conference sponsored by UNICEF in September 1994, an interministerial committee was established to prepare a national programme of action (NPA) for Georgia. The NPA was approved in November 1995 and the process of mobilizing resources for its implementation is under way.

20. Complementing the regular country programme, UNICEF also has supported an emergency programme which began in 1993. By the end of 1995, a total of $5.8 million had been received and utilized for vaccines and vaccination supplies and equipment, essential drugs, winter clothing, educational supplies and materials for children in institutions. A new United Nations consolidated inter-agency appeal is planned for mid-1996.

Lessons learned

21. The principal lesson learned from the experience gained in the first programme of cooperation is that the initial emphasis on the provision of goods and services has accorded UNICEF the necessary status and credibility to influence the course of policy reform and capacity redevelopment. In the longer term, this will have a greater impact on the development and protection of children. Second, the most effective means of achieving programme objectives is to build, in an imaginative and creative manner, on the strong existing human and infrastructural resource base.

RECOMMENDED PROGRAMME COOPERATION, 1996-2000

Estimated annual expenditure

(In thousands of United States dollars)

	1996	1997	1998	1999	2000	Total
General resources						
Maternal and child health	300	450	450	450	450	2 100
Expanded programme on immunization and disease control	50	50	50	50	50	250
Early childhood development and primary education	100	100	100	100	100	500
Children in especially difficult circumstances	100	100	100	100	100	500
Research, monitoring and evaluation	50	50	50	50	50	250
Programme support	250	250	250	250	250	1 250
Subtotal	850	1 000	1 000	1 000	1 000	4 850
Supplementary funding						
Maternal and child health	850	850	850	850	850	4 250
Expanded programme on immunization and disease control	100	50	50	50	50	300
Early childhood development and primary education	250	200	200	200	200	1 050
Children in especially difficult circumstances	250	200	200	200	200	1 050
Subtotal	1 450	1 300	1 300	1 300	1 300	6 650
Total	2 300	2 300	2 300	2 300	2 300	11 500

Objectives and strategies

22. The overall objective of the programme will be to support the Government in its social sector reform programme in a way that protects and enriches the well-being of children. Major specific objectives are to support a 30 per cent reduction in IMR and the under-five mortality rate (U5MR), and a 50 per cent reduction in MMR, from 1995 rates. Other important objectives will be to arrest the decline in preschool and primary education; improve services to children in especially difficult circumstances; and promote implementation of the Convention on the Rights of the Child and the NPA.

23. A complementary mix of strategies will be employed in order to achieve those objectives. All programmes and projects will have national components. Additionally, there will be subnational components for projects in maternal and child health (MCH) and early childhood development (ECD) and primary education. The strategy will be to move away gradually from supply inputs for service delivery while increasing support for capacity-rebuilding, service reorientation and streamlining of delivery systems to an affordable level. So as to maximize the excellent human resource base that already exists, retraining activities and information sharing will be featured in all projects.

24. Social mobilization and advocacy strategies will be facilitated by the use of newspapers, radio and television in almost every household. Using the NPA as the focus, politicians, government officials, intellectuals and civil society will be encouraged to put children at the forefront of the country's development agenda. The NPA also will be used as an advocacy tool with major donors to encourage financial and technical support for the health and education reforms.

25. Subnational projects will concentrate on the mountainous northern and southern districts, containing 25 per cent of the population, and two large urban areas, Kutaisi and Rustavi. The mountain areas have suffered disproportionately in the economic transition and possess diverse ethnic and religious characteristics, raising the relevance of issues of tolerance, peace-building and social justice. The two urban areas contain many important regional and tertiary health and education institutions. Experiences gained in the contrasting subnational areas are expected to influence decisions on the reform process at the national level.

26. The joint effects of government decentralization, discontinuation or privatization of services and the emergence of a market economy provide an environment in which the empowerment of families and individuals to take more responsibility for their own welfare becomes extremely important. The subnational components of the programme provide an opportunity for implementing and monitoring a strategy of empowerment by education through the media and other channels.

Maternal and child health

27. UNICEF cooperation with the Ministry of Health will continue to focus on implementation of the health sector reforms, especially decentralization, reorientation of services and implementation of the "basic package" of free government health care services in which immunization, MCH and reproductive health are prominent. UNICEF will advocate on such issues as privatization of health facilities and cost-recovery, and the accessibility of vulnerable groups to basic care. Public information campaigns on the reform process also will be supported.

28. To help achieve reductions in IMR, U5MR and MMR, UNICEF will support preventive activities, low-cost treatments, the rationalization of prescriptions and the development of treatment protocols and related training for each level of health facility. Training in CDD/ARI will continue in conjunction with the supply of ARI treatment kits and oral rehydration salts. Ongoing technical assistance and training support will be provided to enable all maternities to become "baby-friendly". The programme also will support safe motherhood activities through midwifery training, the strengthening of prenatal services, improved delivery conditions and post-natal care, family planning advice and health education. A nutrition education programme will be supplemented by the provision of vitamin and iron supplements. For IDD, salt surveys and routine

testing will be carried out to monitor the impact of new legislation aimed at promoting the importation of iodized salt.

29. The subnational projects will aim to deliver MCH services through a rationalized and reoriented - but strengthened - peripheral health network. In this context, UNICEF will provide a package of support to peripheral health units, including cold-chain equipment, vaccines, essential drugs, basic equipment and training. Close cooperation is planned with the World Bank's four-year health project, which is due to begin in mid-1996.

30. Another core MCH activity will be the promotion of public information campaigns on health issues affecting children, women and adolescents. Activities will include the dissemination of Facts For Life and information on sexuality, AIDS and other sexually transmitted diseases. The risks of tobacco, alcohol and dangerous drugs also will be publicized. The mass media will be widely used, in conjunction with special school and college programmes, and links will be forged with NGOs, campaign groups and public figures.

Expanded programme on immunization and disease control

31. A sustainable, routine child immunization programme still has to be established. UNICEF will collaborate closely with the United States Centers for Disease Control and Prevention (CDC) to strengthen epidemiological surveillance. In collaboration with international medical NGOs and WHO, the cold chain will continue to be upgraded, and health personnel will be retrained in its maintenance and management. UNICEF will continue to collaborate with the MSF family of NGOs in Abkhazia and South Ossetia. As many international medical NGOs are expected to leave Georgia in the next years, UNICEF will be ready to assist the Ministry of Health during the phasing out of such international assistance. Self-sufficiency in vaccine supply by the end of the century will be promoted, and training in vaccine procurement techniques will be instituted.

32. With WHO, UNICEF will assist in the implementation of the regional polio eradication campaign in both 1996 and 1997. UNICEF will work simultaneously with other organizations, including WHO, CDC and medical NGOs in diphtheria control. Vaccines and basic supplies for EPI will be funded through general resources, while mass disease control campaigns will be financed with funding from special appeals.

Early childhood development and primary education

33. Cooperation with the Ministry of Education will focus on the planning and implementation of reforms, especially the decentralization of school management and the building of a sustainable and participatory primary education system. As the nationwide distribution of chalk and classroom kits is phased out, UNICEF will support schools in developing their own teaching aids from local resources. In-service training will focus on equipping school directors and district education officers with the skills to adapt to the current crisis and the main elements of reform.

34. As many government preschools and kindergartens have ceased to operate, the formative role that they played must now be taken over by parents. Therefore, UNICEF support to ECD will concentrate on empowering parents and care providers with the appropriate skills and knowledge to perform their new role through the use of mass media, guidance and publications for parents and women's organizations, and on support for NGOs.

Children in especially difficult circumstances

35. In collaboration with government ministries and local NGOs, UNICEF will promote increased public awareness of children in especially difficult circumstances. An analysis of the situation of children in institutions will be sponsored in the first year of the programme, and the results will be used to develop an action plan for reform. UNICEF will assist the Government to improve legal provisions for the foster care and adoption of orphans and provide training in crisis intervention for psychologists, doctors, nurses and teachers. Family- and community-based alternatives to institutional care will be explored for disadvantaged and disabled children and youths in conflict with the law.

36. Community reconstruction, reconciliation and peace-building will be promoted. Mine-awareness campaigns will be supported, especially in Abkhazia. UNICEF also will work with United Nations volunteers and NGOs in the promotion of peace-building using mass media, publications and children's magazines to convey appropriate messages.

Research, monitoring and evaluation

37. UNICEF will support strategic operational research and specific studies and regular monitoring of the situation of children and women, including the regional project on monitoring the transition in Central and Eastern Europe sponsored by the International Child Development Centre and known as the "MONEE" reports. Baseline data will be collected for the monitoring of programme performance and NPA implementation. Specific studies will focus on micronutrient deficiencies, child care practices, immunization coverage and updating the situation analysis. UNICEF will cooperate with other organizations in research on relevant policy issues. Annual country programme reviews will be held with implementing partners, and a mid-term review will be undertaken in 1998.

Collaboration with other partners

38. Collaboration with the World Bank, other United Nations agencies, the European Union and bilateral agencies is reflected in the proposed programme. UNICEF will strive to play an important catalytic role with the major donors and institutions in the social reform process, and will maintain good working relations with key international NGOs, especially in the health and education sectors. This will be important in ensuring that national programmes extend into Abkhazia and South Ossetia. UNICEF will be able to play a similar role in educational reform.

Programme management

39. An international Professional programme officer heads the UNICEF Georgia office. The principal challenge faced in the field of programme management over the next five years involves the enhancement of complementary capacity to handle both development and emergency activities. Attention also will be paid to strengthening the office's ability to operate effectively in conflict zones and supporting the subnational components of the programme adequately.